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B6I (Official Form 6I) (12/07)

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IN RE Eerhart, Martien & Eerhart, Susanna

Case No. 1:09-bk-12115

(If known)

## AMENDED SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

Debtor(s)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current

Debtor's Marital Status		DEPENDE	NTS OF DEBTOR AN	D SPOUS	E		
Married		RELATIONSHIP(S): Minor Child				AGE(S): <b>17</b>	
3							
EMPLOYMENT:		DEBTOR			SPOUSE		
Occupation Name of Employer How long employed Address of Employer	Wellness Coa YMCA Of Gre 5 Months	ach ater Providence	Bank RI 625 George Wa Linclon, RI	shingto	n Hwy		
INCOME: (Estima	te of average or	projected monthly income at time case f	iled)		DEBTOR		SPOUSE
		lary, and commissions (prorate if not paid		\$	605.30		2,004.75
2. Estimated month		tary, and commissions (profate if not pare	i monuny)	\$	003.30	\$	2,004.75
3. SUBTOTAL				\$	605.30	\$	2,004.75
4. LESS PAYROLI a. Payroll taxes ar b. Insurance					56.51	\$	886.17
c. Union dues				\$		2	
d. Other (specify)							
(- <b>F ,</b> )				\$		\$	
5. SUBTOTAL OF	PAYROLL D	EDUCTIONS		\$	56.51	\$	886.17
6. TOTAL NET M	ONTHLY TA	KE HOME PAY		\$		\$	
7. Regular income f	rom operation o	of business or profession or farm (attach d	letailed statement)	\$		\$	
8. Income from real		-		\$		\$	
9. Interest and divid				\$		\$	
that of dependents 1	isted above	ort payments payable to the debtor for the	debtor's use or	\$		\$	
11. Social Security		ment assistance		\$		¢	
(Speerly)				\$	***************************************	\$ 	
12. Pension or retire				\$		\$	***************************************
13. Other monthly is							
(Specify) Part Tin				\$		\$	670.80
				\$ \$		\$ \$	
14. SUBTOTAL O	F LINES 7 TH	ROUGH 13		\$		\$	670.80
15. AVERAGE MONTHLY INCOME (Add amounts shown on			d 14)	\$	548.79		1,789.38
THE STATE OF THE		The state of the s	1)	4	<u> </u>	¥	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		NTHLY INCOME: (Combine column t	otals from line 15;				
f there is only one debtor repeat total reported on line 15)					\$	2,338.17	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: None

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Debtor(s)

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### AMENDED SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate an quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deduc on Form22A or 22C.	
Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a expenditures labeled "Spouse."	separate schedule of
<ol> <li>Rent or home mortgage payment (include lot rented for mobile home)</li> <li>a. Are real estate taxes included? Yes ✓ No</li> <li>b. Is property insurance included? Yes ✓ No</li> </ol>	\$1,282.00
2. Utilities:	
a. Electricity and heating fuel	\$350.00
b. Water and sewer	\$ 75.00
c. Telephone	\$
d. Other CTI	\$ 120.00
Cell Phone	\$ 250.00
3. Home maintenance (repairs and upkeep)	\$ 150.00
4. Food	\$ 900.00
5. Clothing	\$ 350.00

6. Laundry and dry cleaning 7. Medical and dental expenses 145.00 8. Transportation (not including car payments) 650.00 9. Recreation, clubs and entertainment, newspapers, magazines, etc. 250.00 10. Charitable contributions 20.00 11. Insurance (not deducted from wages or included in home mortgage payments) a. Homeowner's or renter's b. Life c. Health \$ d. Auto 300.00 e. Other 12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) 13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan) a. Auto b. Other 14. Alimony, maintenance, and support paid to others \$ 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ 5,617.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document: **None** 

17. Other 2nd Mortgage \_\_\_\_\_

### 20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I

b. Average monthly expenses from Line 18 above

c. Monthly net income (a. minus b.)

2,338.17 5,617.00 -3,278.83

775.00

(If known)